



NS PHARMA ACCESS SOLUTIONS

833-NSSUPRT (833-677-8778)

Product Order Form

Use this form to order/reorder VILTEPSO® (viltolarsen)

EMAIL OR FAX THE COMPLETED FORM TO NS SUPPORT



NS.SupportOrders@assistrx.com



888-212-0482

PLEASE COMPLETE ALL SECTIONS. By providing full information, you can help avoid processing delays.

SHIPPING INFORMATION

CONTACT NAME _____ FACILITY NAME _____

PHONE _____ EMAIL _____

SHIPPING ADDRESS _____ SUITE # _____

CITY _____ STATE _____ ZIP _____

PREFERRED DISTRIBUTOR

ASD Healthcare

Besse Medical

Cardinal PR

Cardinal SPD

McKesson Plasma & Biologics

McKesson Specialty Care

Metro Medical

Oncology Supply

YOUR DISTRIBUTOR ACCOUNT # _____ PURCHASE ORDER # _____

NOTE: You will be invoiced for VILTEPSO purchased from the specialty distributor at the contracted rates under your agreement or rates quoted at the point of sale. You are financially responsible for and agree to pay the specialty distributor all invoiced charges for products on this order. Each invoice will be due and payable by you within the payment terms offered by the specialty distributor on the date of order.

ORDER INFORMATION – Please list all NS Support Patient IDs under the same account. Patients must be enrolled in NS Support and have a Patient ID prior to placing an order.

NS SUPPORT PATIENT ID	VIAL QUANTITY

USE OF PRODUCT ACQUISITION INFORMATION

By providing your information and information about your patient on this Order Form, you are placing an order for VILTEPSO to dispense to patients who have been prescribed VILTEPSO. The information you provide will only be used by NS Pharma, Inc., its affiliated companies, agents, and representatives, including providers of alternate sources of funding for prescription drug costs, and other service providers involved in managing and delivering this service for healthcare providers and patients (collectively, "NS Pharma"). You may withdraw your request for this service at any time by calling 833-NSSUPRT (833-677-8778). You agree to be contacted by NS Pharma, Inc. at NS Support by mail, fax, email, or phone for the purposes of managing and delivering this product. Our Privacy Policy, available at <https://www.nspharma.com/privacy-policy>, governs the use of the information you provide. By providing the information on this Order Form and submitting this Order Form, you indicate that you have read, understand, and agree to these terms and agree to receive program-related communications from NS Support and its service providers. Please call NS Support at 833-NSSUPRT (833-677-8778) if you wish to change your communication preferences. This form is submitted in full compliance with all applicable laws, regulations and rules.

Questions? Call NS Support at 833-NSSUPRT (833-677-8778), Monday–Friday, 8 AM–8 PM ET.

